



12-29-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/612,839
Filing Date July 3, 2003
Inventor Luan C. Tran
Assignee Micron Technology, Inc.
Group Art Unit 2818
Examiner D. Le
Attorney's Docket No. MI22-2339
Confirmation No. 7177
Customer No. 021567
Title: Methods Of Forming A Conductive Capacitor Plug In A Memory Array

RESPONSE TO AUGUST 27, 2004 OFFICE ACTION

To: Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EV372471210

From: James D. Shaurette (Tel. 509-624-4276; Fax 509-838-3424)
Wells St. John P.S.
601 W. First Avenue, Suite 1300
Spokane, WA 99201-3828

AMENDMENTS

01/03/2005 HAL111 00000062 10612839
01 FC:1202 100.00 OP

Appl. No. 10/612,839
Amdt. Dated 12/27/2004
Reply to Office Action dated 8/27/2004

In the Title

Please replace the title with the following:

--Methods Of Forming A Conductive Capacitor Plug In A Memory Array--.



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/612,839
Filing Date	July 3, 2003
First Named Inventor	Luan C. Tran
Art Unit	2818
Examiner Name	D. Le
Total Number of Pages in This Submission	MI22-2339

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard; A \$530.00 Check;
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

Additional Enclosures; Cited References (2).

EV372471210

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	James D. Shaurette, Reg. No. 39,833 Wells St. John, P.S.
Signature	
Date	12/27/04

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 12-27-2004

Typed or printed	Trinity Coxon
Signature	
Date	12/27/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



Effective on 12/08/2004.
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 530.00)

Complete if Known	
Application Number	10/612,839
Filing Date	July 3, 2003
First Named Inventor	Luan C. Tran
Examiner Name	D. Le
Art Unit	2818
Attorney Docket No.	MI 22-2339

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100					

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$): 50 Small Entity Fee (\$): 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$): 200 Small Entity Fee (\$): 100

Multiple dependent claims

Fee (\$): 360 Small Entity Fee (\$): 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
60 - 20 or HP = 2 x 50.00 = 100.00

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
- 3 or HP = x =

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
- 100 = / 50 = (round up to a whole number) x =

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer; Supplemental IDS; Request for Ext. (1 mo) \$530.00

SUBMITTED BY

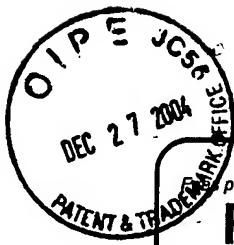
Signature		Registration No. (Attorney/Agent) 39,833	Telephone 509-624-4276
Name (Print/Type)	James D. Shaurette Date 12/27/04		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

01/03/2005 MAETI 0000063 10612837 Need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

01/EC:1251--

- 120.00-0P



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For FY 2005

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	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
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Fee (\$) Fee (\$)

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Multiple dependent claims

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60 - 20 or HP =	2	50.00	100.00			

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =					

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SUBMITTED BY

<u>Signature</u>		<u>Registration No.</u> (Attorney/Agent) 39,833	<u>Telephone</u> 509-624-4276
Name (Print/Type)	James D. Shaurette		Date 12/27/04

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